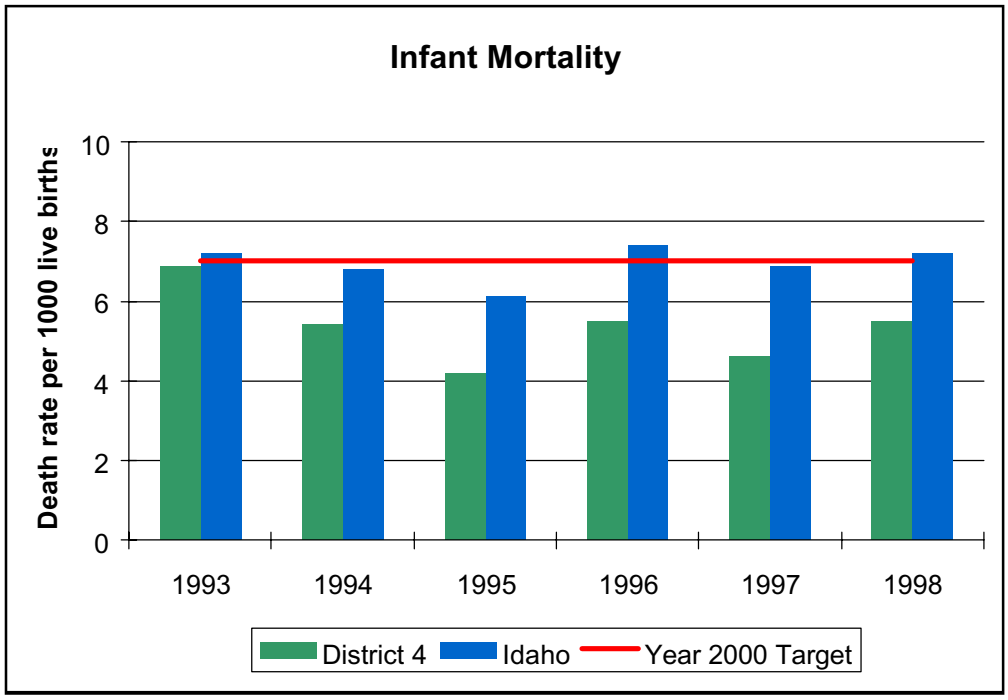
Progress Towards The Community Health Status Indicators Of Central District Health Department's 1999—2000 Strategic Plan

The 13 indicators for our 1999-2000 Strategic Plan are explored in this section. Data has been updated when possible. Many of the indicators show data only through 1997 because they are age-adjusted rates. The Idaho Department of Vital Statistics adjusts the data only every three years. Due to a 12-month delay for compilation, comparable data for these indicators will not be available until 2002.

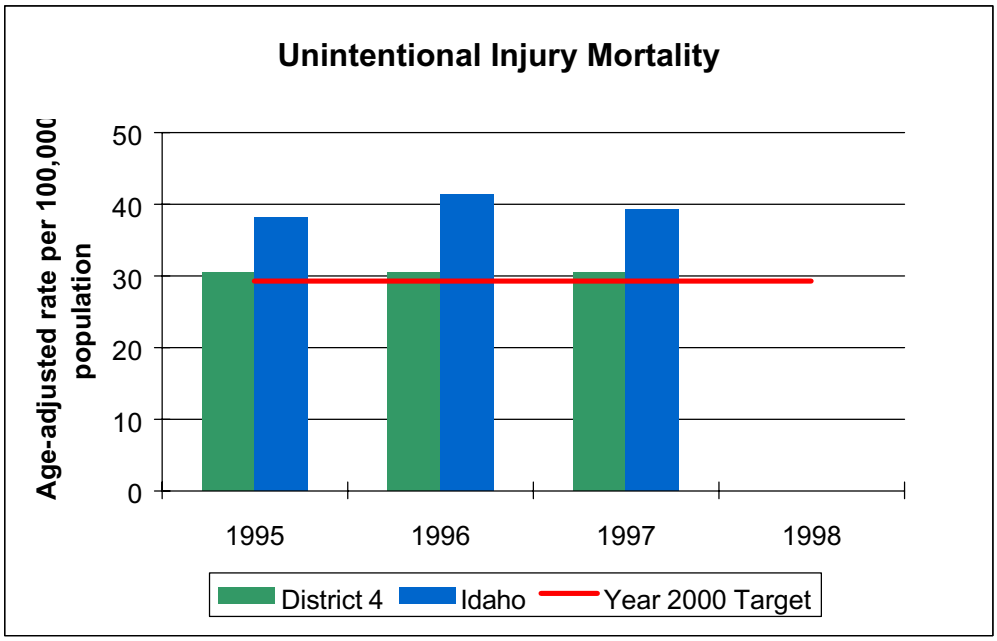
District IV devoted the final section of the 1999-2000 Strategic Plan to surveillance activities. In the past few years, CDHD has greatly enhanced surveillance activities and the number of indicators tracked. The Health Status Report 1999 – Data Analysis Book provides all statistical information about each indicator. The Data Analysis Book is available in hard copy at Central District Health Department for $22.00 or on-line at www.cdhd.org .



***Healthy People 2000* Objective 14.1:**

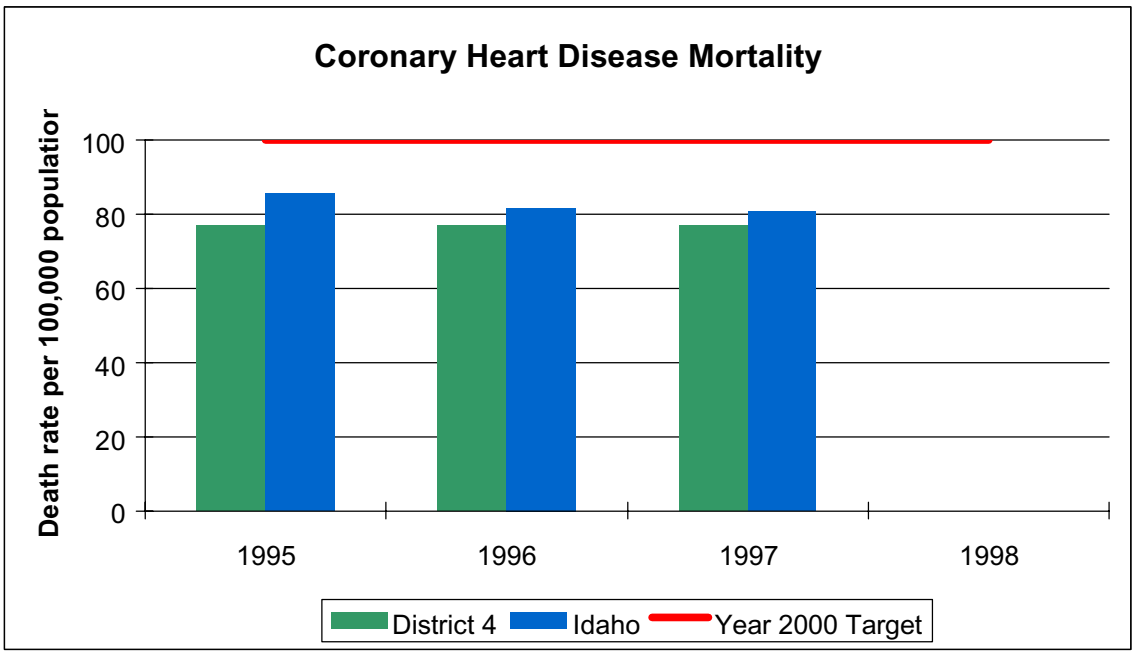
Reduce the infant mortality rate (deaths of infants under one year of age) to no more than 7 deaths per 1,000 live births.

1999 data is not yet available from Vital Statistics.



***Healthy People 2000* Objective 9.1:**

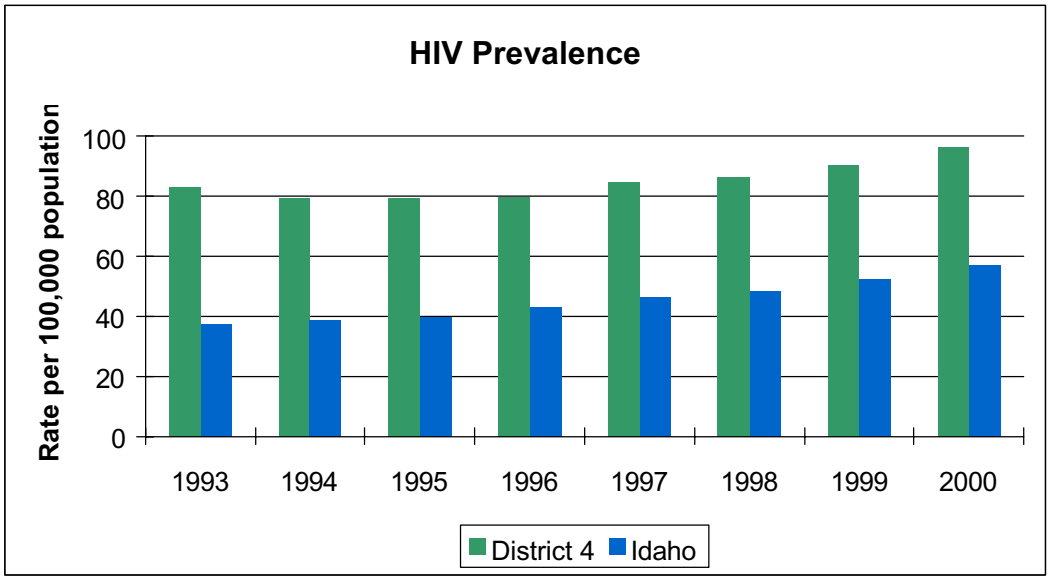
Reduce deaths caused by unintentional injuries to no more than 29.3 per 100,000 people. Age adjusted rates not available until 2002



Healthy People 2000 Objective 15.1:

Reduce coronary heart disease to no more than 100 per 100,000 people.

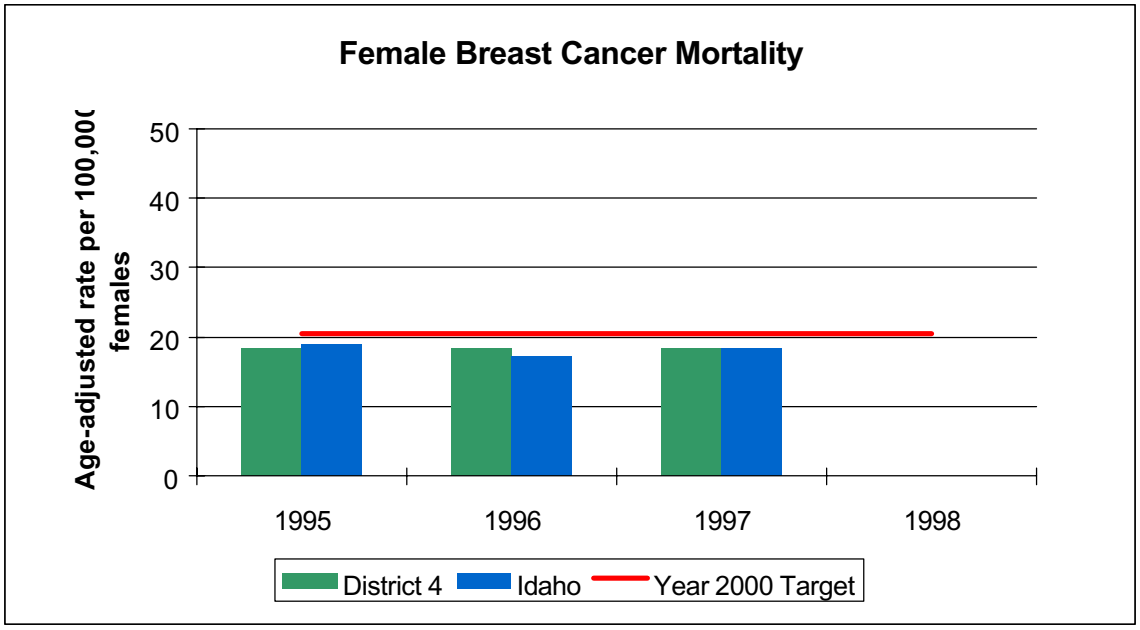
Age adjusted data not available until 2002.



Healthy People 2000 Objective 18.2:

Confine the prevalence (total number of cases) of HIV infection to no more than 800 per 100,000 people.

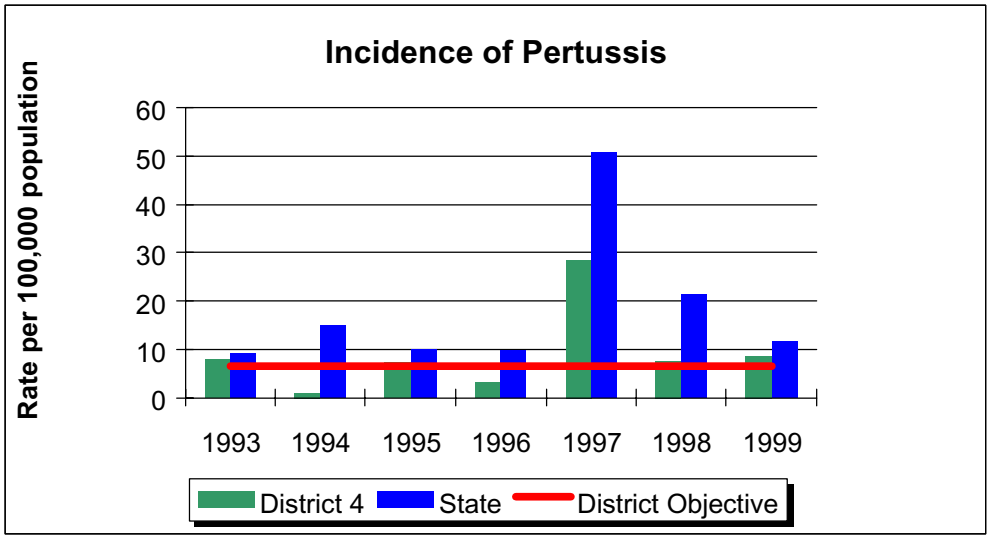
People with HIV infection are receiving treatment and combination drug therapy, allowing them to live longer, healthier lives. For this reason, the prevalence (total number of existing cases) continues to increase in both District IV and the State. In the future, the indicator we will use to look at HIV will be incidence, or total number of new cases of HIV infection.



Healthy People 2000 Objective 16.3:

Reduce breast cancer deaths to no more than 20.6 per 100,000 women.

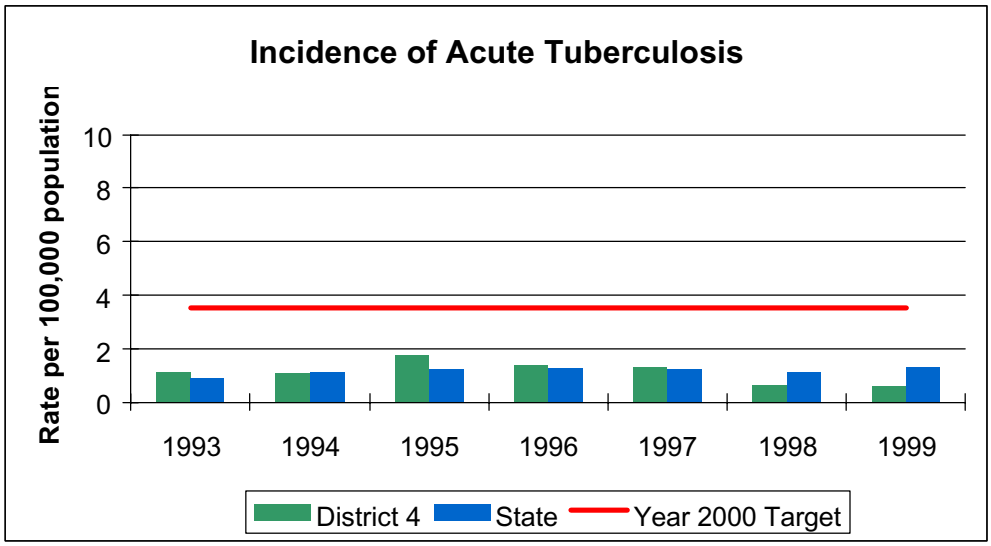
Age adjusted data not available until 2002.



Health District Objective:

Decrease the number of pertussis cases to 20 in a calendar year.

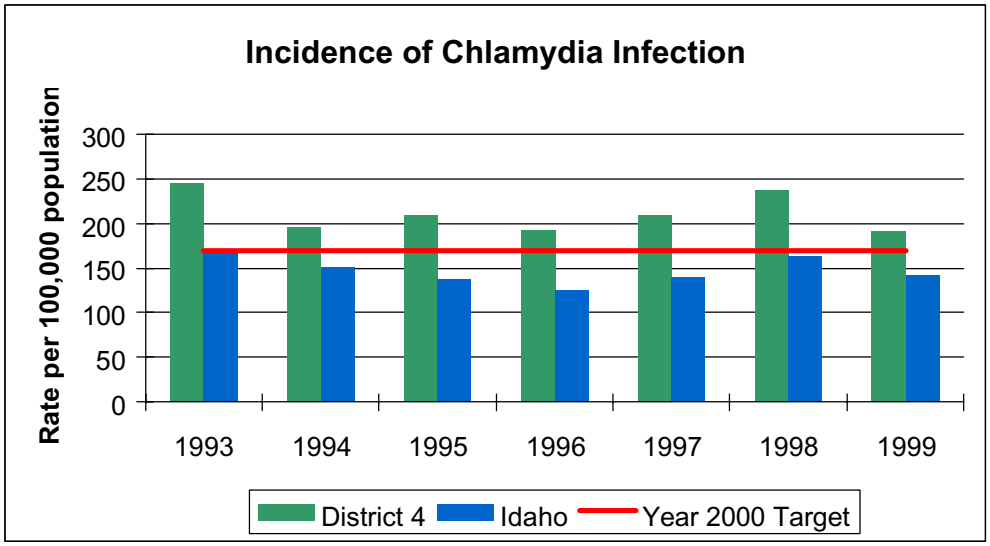
2000 data not yet available.



Healthy People 2000 Objective 20.4:

Reduce tuberculosis to an incidence of no more than 3.5 per 100,000 people.

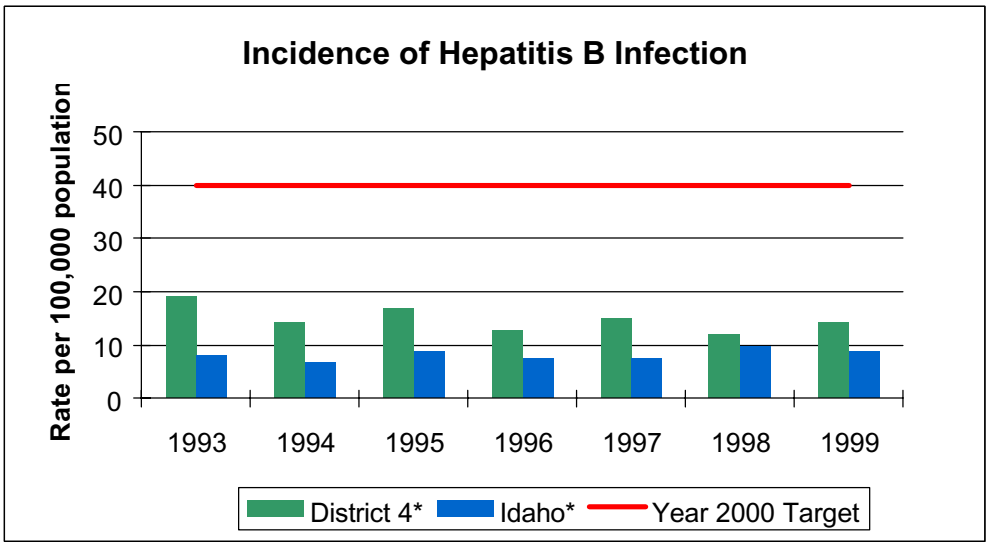
2000 data not yet available.



Healthy People 2000 Objective 19.2:

Reduce *Chlamydia trachomatis* infections to no more than 170 cases per 100,000 people.

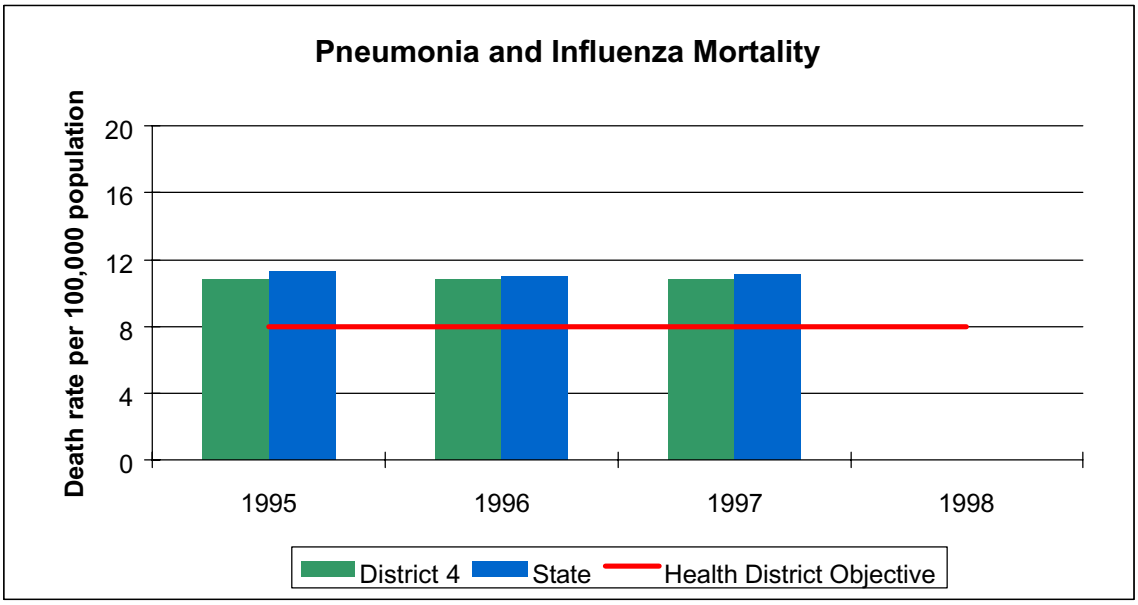
2000 data not yet available.



Healthy People 2000 Objective 20.3:

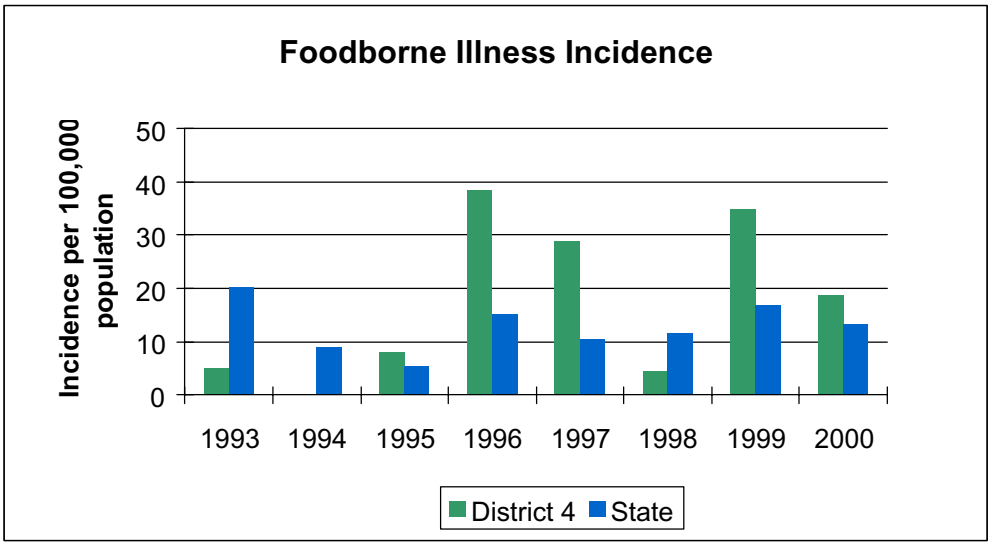
Reduce the incidence of hepatitis B to no more than 40 cases per 100,000 people.

2000 data not yet available.



Health District Objective:

Reduce pneumonia and influenza mortality to no more than 8 per 100,000.



Health District Objective:
Determine the baseline measure of foodborne illness incidence in District IV.
(District 4 number and rate for 1994 is 0.)

The incidence above is based on outbreaks reported to the State Office of Epidemiology Services. As noted under the review of the goals, District IV will be conducting a baseline assessment of District establishments that will allow comparison with recently published FDA baseline data.

Waterborne Outbreaks

OUTCOME INDICATOR			1995	1996	1997	1998	1999	2000	Health District Objective
Waterborne outbreaks (rate per 100,000 population)	District 4	Rate	0.1	0.1	0.0	0.0	0.0	0.0	Determine the baseline measure for waterborne outbreak rate per 100,000 population
		Number	1	1	0	0	0	0	
	State	Rate							
		Number							

Health District Objective:
Determine a baseline measure for waterborne outbreak rate (number per 100,000).
(State data unavailable)

The rate for waterborne outbreaks is less than 0.1 per 100,000 people. Through our surveillance activities, we are always aware of changes in disease levels that may be indicative of an outbreak situation. Investigative information of illnesses are compared to determine the possibility of a common source between two seemingly unrelated cases.